

ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
of one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 165

Registered No. 69

1. PLACE OF BIRTH

County

Gila

State

Arizona

District or Township

or Village

City

Globe

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Margaret Chavez

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth 3-18-26
Month Day Year

Female

5. No., in order of birth

yes

8.

FATHER

Full name

Remigio Chavez

9. Residence

(Usual place of abode)

Globe

If non-resident, give place and state.

Arizona

10. Color or race

Mex.

11. Age at last birthday 36 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

Miner

14.

MOTHER

Full maiden name

Cecilia Franco

15. Residence

(Usual place of abode)

Globe

If non-resident, give place and state.

Arizona

16. Color or race

Mex

17. Age at last birthday 26 (Years)

18. Birthplace (city or place)

(State or country)

Globe
Ariz.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

4

(a) Born alive and now living

4

(b) Born alive but now dead

0

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

yes

(Taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10⁴⁰ A. m. on the date above stated

(Born alive or stillborn)

Signature

C. W. Adams

Physician

(Physician or midwife)

Address

31 Globe, Ariz.

Filed

3/31/26

W. H. H. H.

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

Month, day, year

Registrar

439-318-666